LifeWise

Declaration of Domestic Partnership

1. I, ______________________________ certify that I, and ______________________________
(print name) *(print name of domestic partner)*
are domestic partners, and we:

- currently share the same regular and permanent residence, and
- have lived together as domestic partners for a minimum of six months, and
- have a close personal relationship, and
- are jointly responsible for "basic living expenses," as defined below, and
- are not married to anyone, and
- are each 18 years of age or older, and
- are not related by blood closer than would bar marriage in the state of Washington, and
- were mentally competent to consent to contract when our domestic partnership began, and
- are each other's sole domestic partner and are responsible for each other's common welfare.

"Basic living expenses" means the cost of basic food, shelter, and any other expenses of a domestic partner. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

2. I understand that this Declaration shall be terminated upon a change of any of the circumstances attested to in this Declaration.

3. I agree to notify LifeWise if there is any change of circumstances, including the death of my domestic partner, within 30 days of the change.

4. After such termination, I understand that another Declaration of Domestic Partnership cannot be filed within six months after a request for termination has been filed.

5. We agree to provide, along with this Certification, two documents of joint ownership and/or joint responsibility for each other's common welfare and shared financial responsibilities to LifeWise within 60 days of the date benefit coverage begins.

6. We understand that this declaration of responsibility for our common welfare may have legal implications under Washington law.

7. We declare that, to the best of our knowledge, all of the information on this form is true and complete, and that the person for whom I am requesting enrollment is eligible for coverage. We understand that, if we have made false, incomplete, or misleading statements or answers on behalf of myself or any family members, all entitlements to benefits are void and this contract may be cancelled or modified retroactively to its effective date. We further understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

(continued)

8. We affirm the subscription charge payments are not paid or sponsored by third-party payers including employers, business accounts, providers, not-for-profit agencies, government agencies, or any other third-party payer, either directly or indirectly, except as required by law.

X ______________________________
(signature)

Address: ______________________________
____
____

Date: ______________________________

X ______________________________
(signature of domestic partner)

Address: ______________________________
____
____

Date: ______________________________

Declaration of Domestic Partnership
LifeWise Health Plan of Washington
P.O. Box 91120, MS 295
Seattle, WA 98111-9220